

## **Maryland Board of Pharmacy Public Meeting Minutes-July 19, 2000**

The Public Meeting was called to order at 8:40 a.m.

### **Attendance**

Commissioners Present: President, Stanton Ades, Secretary W. Irving Lottier, Treasurer, Melvin Rubin, Commissioners Laura Schneider, Donald Yee, Wayne Dyke, John Balch, Raymond C. Love, Ramona McCarthy-Hawkins, Jeanne Gilligan-Furman, Reverend William Johnson, Barbara Faltz-Jackson.

Board Counsel: Paul Ballard, Linda Bethman

Board Staff: LaVerne Naesea, Executive Director, Michelle Andoll, Pharmacy Compliance Officer, James Slade, Legislative/Regulatory Officer, Sharon Demory-Cornish, Licensing Supervisor

Guests: Mike Nicholson, Howard Schiff, Bruce Gordon, Catherine Putz, Nathan Gruz, Gilbert Cohen, Sarah Kim, Geraldine Valentino, S. Francesco

### **Introductions**

President Ades asked guests to introduce themselves.

### **Recusals**

President Ades asked members to state if they had a conflict with any of the agenda items. There were none noted.

### **Approval of Minutes**

The following corrections were made to the June 21, 2000 minutes:

p. 4 last paragraph "...the regulations do not specify a pharmacist on the Joint Committee."

Add: Stanton Ades suggested "the Midwifery Committee follow their own regulations and include the Pharmacy Board in the process to appoint members to the Joint Committee."

**Ms. Furman moved that the minutes be accepted with corrections. Ms. McCarthy-Hawkins seconded the motion. The Board approved the motion.**

## **Executive Director's Report/Executive Committee Report**

LaVerne Naesea gave the report. All four managers are being asked to attend future Board meetings and to give reports regarding their areas of responsibility.

### Sharon Demory-Cornish, Licensing Supervisor

A meeting occurred between LaVerne Naesea, Sharon Demory-Cornish and the DHMH Personnel Officer regarding the separation of duties of the Licensing Supervisor. As the licensing supervisor, Sharon Demory-Cornish is responsible for the management of the licensing unit, procurement, budget expenditures, contracts, etc. At the meeting it was agreed that the duties should be separated. A job description was submitted to the Classification Unit for a new position of Fiscal/Personnel Officer. By next week the Board should know whether the position can be filled. Once that position is filled, the process can begin of hiring a new Licensing Supervisor.

Also, on July 3, 2000 a position description to upgrade the position of a support person for the Board and the Executive Director was submitted. The position description was submitted without a title so that the Classification Unit could determine the best title for the position. Since the position has evolved with the Board's increased activities, the position should be upgraded.

### Strategic Planning Committee

Members discussed the format for the Board retreat. The biggest issue was how to get input from the industry and the public. The Committee decided to have a couple of forums to receive industry and the public concerns prior to the Board Retreat. The retreat itself has been tentatively planned. The location for the retreat has been put out for bid to 6 vendors. The date of the retreat is October 6-8, 2000.

### RFP to Purchase the Pharmacy Lawbooks

Sharon Demory-Cornish asked Tamarra Banks to provide last year's RFP for review. The RFP should be sent down to Contracts by the end of July, and the bid submitted by the middle of August.

## **Electronic Licensing – Verifications and Renewals**

A meeting between Richard Procter of DHMH and Board Administrators was held on July 18, 2000. A state mandate requires that every Board or Agency offer 50% services available by electronic transmission for public use by 2001, 65% by 2003, and 80% by 2004. The Chiropractic, Optometry and Podiatry Boards were mandated to allow electronic verification of licenses by the MVA by July 1, 2001. The Board of Nursing and the Board of Dental Examiners have a contract with a company called Systems Automation Corporation to develop internet-based licensing systems.

Mr. Procter wants the other Boards to buy into and be connected with the contract and server from the Dental Board. Since the Dental Board is located at Spring Grove, it is the recommendation of Tamarra Banks and Vladimir Konstantinov, the Board of Pharmacy's Computer Specialists, for the server to be housed at the Pharmacy Board. The cost of an additional server at the Board of Pharmacy would be \$12,000 or \$13,000 per year in addition to the \$54,000 per year for 3 years to convert its' present system to a web-based system.

Board members questioned whether the Board of Pharmacy could design its own software to make sure it is compatible with NABP's software. LaVerne stated that the contracted provider would provide the service of adapting software so it is compatible with NABP's system.

The Board of Dental Examiners bought a server large enough to be accessed by all 15 Boards. Nursing has its own server, but is upgrading its system.

The Board has carryover funds, which it can use to purchase its own server, but the Board needs to ensure that the prospective budget sent to the legislature includes requests to pay for these electronic upgrades. Any costs necessary for customization of software need to also be included in the budget.

### **Congratulations**

The Board congratulated Reverend William Johnson for being reappointed to the Board for the term July 2000 through July 2004.

Stanton Ades and Wayne Dyke's positions will hopefully be reappointed shortly.

David Russo, the former Chairperson, will be formally honored at a reception in Columbia on July 19, 2000. He will be presented with a plaque and a gift certificate.

### **Committee Reports**

#### **PEAC – Gil Cohen**

PEAC is currently covering 24 cases, and has had 3 discharges. This Friday they will have their annual retreat. APhA put the program for the Oct. 19, 2000 Seminar on the Internet. Responses in one week have come from as far away as Massachusetts.

#### **Guest Presenter – Bruce Gordon, Medication Errors Task Force**

A year ago the Committee was charged with developing strategies to reduce medication errors. From January through May, the principal task was educating the Committee members on what constitutes a medication error. Mr. Gordon presented a handout, which outlined the task force charge, the goals and objectives of the Committee, and a rank order of strategies, which may be implemented to reduce medication errors. From the history of this working Committee, it became clear that education of pharmacists as to

what constitutes a medication error would take a length of time. It took the members of this Committee 15 hours to arrive at the consensus they have reached to produce this document. Some information can be disseminated through newsletters, such as where to go to get information on medication errors.

The federal legislature has several bills that address medication errors. The Task Force will address issues as bills move through the process. As the process continues, the Board may want to draft its own bills and seek sponsorship for them. Mr. Gordon indicated that it was encouraging that the Maryland Board of Pharmacy is taking the leadership role among the Pharmacy Boards.

Ms. Faltz-Jackson added that the Council of Boards might want to have a representative on the Medication Error Task Force. Many Board members expressed a desire to have an interdisciplinary approach to the problem of Medication Errors.

The question was posed as to whether the Task Force intended to write potential regulatory language, or whether the Practice Committee would prefer to draft the language. Ray Love requested the Task Force to provide a list of recommendations to the Practice Committee, and then that the Practice Committee draft any subsequent regulations.

Mr. Gordon noted that at this time, the Task Force had not found an appropriate term to distinguish pharmacy errors from medication errors. Medication errors are defined by the task force to include the inappropriate prescribing, dispensing, distribution, purchasing, education, and monitoring of medications

The Medication Error Task Force has changed its meeting time to the fourth Tuesday of every month at 5:30 p.m.

### **Board Counsel Report – Paul Ballard**

In regard to the law exam requirements for reciprocity candidates, the candidates must take an exam on federal and Maryland laws. They do not need to take the same exam given to initial applicants.

### **Committee Reports**

#### **Update on Legislation/Regulations – Jim Slade**

Outsourcing – Mr. Slade is incorporating comments of NACDS.

Automated Distribution System – Mr. Slade has been receiving comments from Board members since the last Board meeting.

Closure of Pharmacies- Regulations were distributed at the last Board meeting. They will be voted on at the August Board meeting.

## **BPQA Unlicensed Personnel Regulations**

Several months ago the Board wrote a letter to BPQA about regulations for unlicensed personnel. BPQA responded that it amended COMAR 10.32.12.12.04 to include conformance with HO §12-102 (a). Mr. Slade commented that this should have been referenced anyway. BPQA rejected the Pharmacy Board's request to clarify that compounding drugs could only be delegated to licensed pharmacists because the requirement is cited in other acts and regulations.

## **Legislative Task Force Concerning the Shortage of Pharmacists in the Workforce**

Dr. Love expressed concerns about the ability of a legislative committee of 49 people to arrive at a consensus regarding the shortage of pharmacists in the workforce and how to remedy it. He suggested that a nonlegislative task force, of pharmacists familiar with the problems, attempt to resolve the workforce shortage. Mr. Slade met with Richard Procter, Deputy Secretary, Pam Ellen from the Office of Government Affairs and Anna Jeffers. Mr. Procter said the Governor can only sponsor 10 bills, and BPQA has submitted 12 already. Mr. Procter would give no indication as to whether the governor supported the bill dealing with the issue of shortage of pharmacists.

Dr. Love suggested the Board act now to draw up legislation for the next Assembly. Otherwise, legislation would be delayed at least 1 year while waiting for a legislative committee to do a study and propose legislation. The only advantage to having the legislature author the bills is possibly having a better sanctioning of whatever legislation comes about in their committee because they authored the study. Ms. Naesea suggested that the Board attempt to "pull in" one or two legislators to let them know why the Board is studying this problem and what it's trying to do to solve it. That would be instrumental in getting sponsorship for the legislation eventually. Jim Slade stated that final proposed legislation is due August 1, 2000.

The Board will ask NACDS and MPhA to provide some insight into this issue, and let the Executive Committee make the final decision before the deadline. Ms. Valentino supported raising the awareness of the legislature to the problem by starting the work ahead of time and blending it into a task force. But as was seen in dealing with Delegate Goldwater on the technician issue, the Board is going to have to do more than just say that it has a task force. This is a way to show the legislature the Board is dealing with all areas.

## **Portable Drug Kits – Michelle Andoll**

At the last Board meeting, the Board had made certain recommendations regarding the drugs to be included in the portable drug kits. In question was the use of ammonia inhalants, and which steroid should be included in the kit. Felicia Talbott, the pharmacy student intern, researched the literature on the use of ammonia inhalants and found no

cardiovascular effects. There were some respiratory effects. Ray Love agreed to go to the University of Maryland Drug Information Center to further investigate the possible cardiovascular effects of the inhalants. The Homehealth Committee agreed to include the medication, methylprednisolone, 2 vials of 125 mg, in the drug kit, or 2 vials of 10 mg dexamethasone.

The third issue was the provision for annual review of the drug list by the Committee. The regulations provide that the Committee should meet once a year to review the list. Ms. Andoll stated that the regulations will be revised to include meeting more frequently if the need arises.

The fourth issue was the development of prescription protocols by the Committee. At question was whether the Committee would assist the home health agencies, hospices and Residential Service Agencies (RSAs) in developing their protocol. The Board of Nursing will not allow the Committee to take on that kind of responsibility, nor do the regulations provide for that.

Residential service agencies and infusion pharmacies need to be included in the application of the regulations. Some RSAs and home health agencies provide services other than infusion, and it would be inappropriate for some of these agencies to have these kits. The regulations would allow these licensed agencies to be provided with kits. Anyone from a Medical Assistant to a Registered Nurse may use the kits. Jim Slade and Michelle Andoll will need to work on this further and report back to the Practice Committee.

The Board can inform licensees and permit holders of changes in portable drug kit regulations through newsletters, its web site, special mailings, and transmittals. Pharmacies need to seek authorization by the Board before they provide the kits. The procedures for this authorization process have not been spelled out (i.e., whether it goes back to the Practice Committee or Peer Review or some other entity within the Board). It was suggested that maybe a Notification of Intent, rather than authorization, be developed.

## **Pharmacy Practice Committee – Ray Love**

### Minutes

Agenda Item #5, first paragraph, next to the last sentence should read "...personnel in the prescription area when the pharmacist..." The last part of the sentence reads, "...the Board has no intention of altering any regulations to facilitate pharmacist breaks." The latter is incorrect. Dr. Love noted that the minutes had not been approved prior to the Board meeting.

### Pharmacy Breaks

Michelle Andoll drafted two letters regarding pharmacist breaks, one to Wal-Mart, and the other to CVS, which she would like the Board to endorse. The Committee expressed its displeasure with CVS policy of having no pharmacist on duty during pharmacist's

breaks. This violated security regulations and prevented customers from talking to the pharmacist when picking up their medications. The letter to Wal-Mart stated that their proposed policy was in keeping with the regulations, with one minor change in the wording regarding receipt of drugs being delivered to the pharmacy. **A motion was made by Mr. Balch to endorse and send the proposed letter to Wal-Mart and to send an amended letter to CVS. Ms. Faltz-Jackson seconded it and the Board members passed the motion.**

#### Narrow Therapeutic Index Drugs

Mr. Rubin indicated that Delegate Elliott's letter on Narrow Therapeutic Index Drugs stated that he would get back to the Board. If he does not get in touch by September, Mr. Rubin stated that the Board should get back in touch with him.

#### Medication Errors

The Committee felt that it needed to take a formal action to charge this group to show that the Board is serious about medication errors. The Committee has had many inquiries over the past several months in regard to the formal position of the Board on this problem. **Mel Rubin moved that the Committee's charge include the goal section in the handout provided by the task force. Ms. Furman seconded the motion and the Board passed the motion.**

#### Automated Medication Distribution System

Representatives from the original task force and the Maryland Society of Health-System Pharmacists came to the June Practice Committee meeting. Several changes were made; the additions are underlined, and the deletions struck, in the distributed draft. There is a new definition for "Starter dose" in .01(B)(7). Point 03 (A)(2), requires facilities with automated medication distribution systems to have pharmacists review each order for medication prior to removal of the medication from the system, with one certain exception. The exception pertains to starter doses removed from the system. The other point of discussion starts with B on the bottom of page 3. "...All remote or Decentralized Automated Medication Distribution Systems established eighteen or more months after the effective date of this regulation shall meet standards established and revised every 2 years by a peer review committee..."

**Raymond Love moved that the regulations be accepted. Ms. McCarthy-Hawkins seconded the motion and the Board approved it.** The regulations can now go out for comment to the *Maryland Register*. It was noted by Mr. Slade that he was waiting for comments from NACDS. He was asked to forward the draft regulations to other interested parties.

#### Record of Drug Inventory Acquisition

Board members reviewed the question of whether records had to be made available within 72 hours or 7 days. The time period was changed to 72 hours. **Ray Love moved that the regulations be accepted. Ms. Furman seconded the motion and the Board passed it.** The regulations will be sent to the *Maryland Register* for comment.

### Legislative Committee

The Practice Committee recommended that President Stanton Ades appoint a Legislative Committee. He will discuss the composition of such a Committee with Ms. Naesea and respond back to the Committee.

### **Licensing Committee – Wayne Dyke**

Mr. Dyke reported that 75 new licenses have been issued. The reciprocity candidates were read. **Mr. Yee moved that the applicants be accepted for licensure. Ms. Faltz-Jackson seconded the motion. The Board passed the motion.**

Mr. Dyke asked the Board if it wanted to know on a monthly basis all candidates attempting to renew, reinstate or reciprocate licenses. The legislative analyst raised the question of why only the candidates for reciprocity are included in the minutes of the Public Meeting.

Under reciprocity, the procedure is not as automatic as renewal of licenses. The question of moral turpitude is considered as well as exemption from full examinations. There is a decision-making process. **Ray Love moved that Parts I and III of the examination requirements be waived for any reciprocity candidate who meets the qualifications that satisfy the chair of the licensing committee. The motion was seconded by Mr. Yee and passed by the Board.**

### Closure of Pharmacies

The suggested revision of the language in Section .02: “Permit holders shall request a closing inspection from the Division of Drug Control within 72 hours of ceasing operations. The Closing Inspection must occur within 14 days of the closing.”

There was much discussion of what “closing” means, and of the interaction between the Board of Pharmacy and the Drug Control Division. Also, it became clear that the Licensing Supervisor might not be made aware of information received by the Pharmacy Compliance Officer. Another revision was to change Section .03 D: “...permit holder shall assure the public...” to “...permit holder shall notify the public...” **A motion was made by Ms. McCarthy-Hawkins to accept the amended language. It was seconded by Ms. Furman and passed by the Board members.**

The Licensing Committee has rescheduled their meeting to Wednesday, July 26, 2000 at 9:00 a.m.

### **Public Relations Committee**

#### Audio Spots in Stores

Wal-Mart will run the Board’s promotional ad at no cost during the week of August 19, 2000 and the week of October 14, 2000. Kmart and Eckerd stated they would run the ad for a fee of \$12,500. The Committee voted to not approve the latter.

#### Postcard Campaign

A letter and sample postcards were sent out to all the pharmacies in Maryland. Tamarra Banks prepared a map that shows all the postcard requests the Board has received thus far. Responses have come from throughout Maryland.

#### National Pharmaceutical Association Convention

The Board Public Relations Committee will operate a booth on July 22, 2000 and July 23, 2000 at the Convention. A number of members of the Board and staff will assist with the booth. Information presented will include pamphlets, newsletters, the annual report, and information about reciprocity.

#### Committee Scheduling

October is National Pharmacy Month. The PEAC seminar will be held that month. A committee is working on getting out a survey about how consumers go about selecting a pharmacist, etc. ASCP is having their convention August 18-20, 2000. During October Pharmacy Week, the Board intends to team up with other organizations to possibly perform cholesterol screening, diabetes and blood pressure screening at pharmacies around Maryland. The Maryland Pharmacist Association wants to work with the Public Relations Committee using a screening program from another state.

The Board has a proposed budget of \$10,000 for events in fiscal year 2001. It plans to set up booths at five events this year.

#### Web Site Statistics

The Board web site is having increasing numbers of hits. Details of web site statistics were included in the Board packet.

#### Flower Mart

Letters and certificates of appreciation were sent to those who worked at the Flower Mart.

#### David Russo Reception

The dinner on July 19, 2000 and plaque being presented are in honor of the many years that David Russo contributed to the Board as a Board member and as President.

#### Media Training

General media training for Board members was discussed. The Board is considering whether it can secure training without having to go out on bid.

#### **Budget – Irving Lottier**

The preliminary report indicates that \$751,000 in expenditures was budgeted in fiscal year 2000, and \$767,000 was spent. Mr. Lottier indicated that while this represents a deficit budget year, the expenditures demonstrate that the Board is not likely to continue accumulating carry-over funds in future years.

#### **Informational**

### Prescription Refills

The Board considered the question of whether pharmacists need to write on the back of the original prescriptions when they call doctors for refills. The Board stated at the last meeting that this was not required. Regarding the question of whether pharmacists have to enter into the computer exactly what would have been written on the prescription back, most computer systems will not accept that much, insurance companies have never requested that, and the Board has never taken any action on this subject. The Board is willing to have HMOs make a presentation to it regarding this matter, but currently considers that adding refills to the computer record is the standard of practice.

A second question considered was whether there could be a separate compounding pharmacy in the same location where a full compounding pharmacy permit already exists. The Board will set up a committee to develop a policy on these multiple permits at the same pharmacy location.

### Health Insurance Portability and Accountability Act – Deitra Gale

Ms. Gale attended a briefing on the Act and stated that standardization of the way electronic claims are submitted is the goal. A concern is that Social security numbers are being used as identifiers. Use of a unique personal pin number is being explored. The cost impact will be greater on the independent stores than on the chain stores. The overall benefits of the Act were discussed.

### **Follow – Up Letter**

A letter was sent to the Attorney General's Office that stated that the Board would like to consult or collaborate with them in a meaningful way to develop a system for monitoring web sites that prescribe on-line.

Ramona Hawkins thanked the Board and staff for the flowers recently received.

The meeting was adjourned at 12:45 p.m.

